



JOB ANALYSIS QUESTIONNAIRE

(PAT, COMOT, LTC, POLE, & SAM CATEGORIES)

State Form 43434 (R2 / 7-05)

(Please Type or Print)

Employee's Name:	
Date:	Phone:
Agency:	Division:
Section/District:	Unit:
Job Title (as on staffing report):	
Working Title (if different from above):	
Supervisor's Name:	Phone:
Supervisor's Job Title:	

INSTRUCTIONS FOR FILLING OUT THIS QUESTIONNAIRE

CERTAIN QUESTIONS MAY NOT APPLY TO YOUR POSITION. IF SO PLEASE MARK N/A.

This questionnaire will serve as the basis for evaluating your position and/or drafting your job description. Please do not use technical jargon or abbreviations known only to members of your department or field. We realize that careful completion of this form may take some time, however complete and detailed answers will help us to accurately evaluate your position and/or write an accurate job description. Please attach additional sheets if necessary. We appreciate your help in this regard.

- (a) If possible, please complete electronically. If not, complete in ink. Do not use pencil.
- (b) Replies should be complete, concise and factual.
- (c) This form may be completed on work time. Give your completed questionnaire directly to your supervisor.
- (d) The questionnaire will be reviewed by your supervisor. You will be informed of any changes.
- (e) Carefully read the entire questionnaire before answering to avoid duplicate responses.
- (f) Please be sure to complete all pages.

SUPERVISORS: It is your responsibility to review this completed questionnaire and ensure the accuracy of its contents.

FOR HUMAN RESOURCES DIVISION USE ONLY:

Class Code:	
Class Title:	
Position Number:	

PURPOSE OF POSITION:

Describe your position in detail by stating the purpose, goals and objectives, as you understand them. Identify the unit, position or section where you are assigned and include how your position contributes to the agency, division, and/or work group.

DUTIES, KNOWLEDGE AND ABILITIES

Please summarize your **primary** duties and list the amount of time spent performing each duty (total of 100% or a whole work day), the frequency of each duty, importance of each duty, and the required knowledge, skills and abilities for each duty. List the most important duty first and only list those duties that total 10% or more of your time spent.

DUTIES	TIME	FREQUENCY	IMPORTANCE	KNOWLEDGE, SKILLS, & ABILITIES
<i>Example: Inspect building for damage such as broken doors, leaky faucets, etc...</i>	<i>Example: 10%</i>	<i>Example: Monthly</i>	<i>Example: Medium</i>	<i>Example: Ability to prioritize carpentry repairs and determine source of problems.</i>
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	

List all specialized tools, equipment and machines used on your job.

TYPE	PURPOSE
<i>Example: Back Hoe</i>	<i>Example: Excavation</i>

PLEASE NOTE: LAWS, REGULATIONS, ETC. ARE ADDRESSED UNDER DIFFICULTY OF WORK

JOB REQUIREMENTS

Education – Check the box that best indicates the minimum training/education requirements of this job. (**Not necessarily your education, but the requirements for the job**).

EDUCATION	
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Vocational/Technical/Business School	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Some college or Associate's (2 yr) degree	<input type="checkbox"/> Other:
<input type="checkbox"/> Bachelor's Degree	

Specialized Areas of Study / Majors:

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List any required and job-related certifications, licenses, or other special training.

CERTIFICATION(S)	SPECIAL TRAINING	LICENSES

Experience – Check the box, which best indicates the minimum amount of experience required to perform the job. **(Not necessarily your years of experience, but the requirements of the job).**

REQUIRED EXPERIENCE	
<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 3 years, but less than 5 years
<input type="checkbox"/> 6 months, but less than 1 year	<input type="checkbox"/> 5 years, but less than 7 years
<input type="checkbox"/> 1 year, but less than 3 years	<input type="checkbox"/> 7 or more years

Special Types of Experience Required:

What, if any, principles, theories, and/or precedents are required to perform the job?

Which of the following best describes the level of understanding required on a regular basis? (Check one)

<input type="checkbox"/>	Understand verbal work orders and instructions.
<input type="checkbox"/>	Understand short notes, brief forms or instructions.
<input type="checkbox"/>	Understand material such as detailed forms, standard memos or letters.
<input type="checkbox"/>	Understand and comprehend material such as detailed operating and procedure manuals, case histories, blueprints and diagrams.
<input type="checkbox"/>	Understand and comprehend material such as very specialized and technical manuals.

Please give examples of the above:

Does your job require you to develop new work methods, procedures, policies or manuals? If yes, please explain and/or provide examples.

☐ Yes ☐ No

DIFFICULTY OF WORK

Please list the source materials you use in performing your job. Materials may include handbooks, manuals, textbooks, laws, rules, regulations, policies, practices, techniques, etc...

LIST	HOW OFTEN DO YOU APPLY THIS INFORMATION?	WHEN UNSURE OF HOW TO APPLY THIS INFORMATION, HOW DO YOU OBTAIN CLARIFICATION?
<i>Example: Microsoft Excel Users Guide</i>	<i>Example: Weekly</i>	<i>Example: Consult co-worker, supervisor or technical support.</i>

What are the most difficult duties of your job? Explain in terms of complexity of assignments, problem solving and methods used to complete assignments.

RESPONSIBILITY

Give an example of the most important decision you can make and what person (list their title) or body of government can overrule the decision.

DECISION	AUTHORITY TO OVERRULE

What kind of choices or decisions do you make independently and how often do these decisions occur?

INDEPENDENT CHOICES/DECISIONS	FREQUENCY

Does your job exist primarily for decision-making and policy establishment or primarily for implementation of policies and procedures? Explain.

☐ Decision-making & policy establishment ☐ Implementation of policies & procedures

Do you supervise, provide leadership or coordinate the work of other employees on a permanent basis? If yes, then list the position title(s) and number of employees you supervise, direct or lead.

☐ Yes ☐ No

JOB TITLE	NUMBER OF EMPLOYEES

Do you conduct performance evaluations for those employees?

Yes ☐ No ☐

Do you sign these performance evaluations?

Yes ☐ No ☐

Do you approve leave requests?

Yes ☐ No ☐

Do you independently administer discipline to subordinate staff?

Yes ☐ No ☐

Briefly state the nature of your supervisory responsibility.

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Who reviews your work; how often and for what purpose? Please indicate the class title of the individual(s) who reviews your work.

WHO REVIEWS WORK	FREQUENCY	PURPOSE	CLASS TITLE OF REVIEWER

What types of technical or administrative instructions are provided to you? Please provide examples of each type of instruction.

INSTRUCTIONS	EXAMPLES

Please indicate the name and class title (if different than your supervisor) of the individual who provides instruction explained in the above question and how often instruction is provided.

NAME/CLASS TITLE	FREQUENCY

Which statement best describes the likely consequences of an error in doing your work? Please give examples of significant errors which could be made in your job and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.

<input type="checkbox"/>	An error would have little or no direct consequences on others. I could correct it myself. Explain:
<input type="checkbox"/>	An activity involving others could be delayed or an error would result in minor loss of resource. Explain:
<input type="checkbox"/>	Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource. Explain:
<input type="checkbox"/>	Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization. Explain:
<input type="checkbox"/>	Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the organization. Explain:

Is it possible that the individual that reviews your work would not detect this error? If yes, please explain.

☐ Yes ☐ No

Are you responsible for the health, safety or well being of others? If yes, explain.

☐ Yes ☐ No

Are you accountable for the custody of money, securities, property or other items of special value? If yes, explain.

☐ Yes ☐ No

PERSONAL WORK RELATIONSHIPS:

In the space provided below, place a check in the "contact" column to indicate those individuals/groups with whom you must communicate verbally or in writing in order to complete your job assignments. Then, indicate the frequency and purpose of the communication. Exclude your supervisor.

CONTACT	FREQUENCY	PURPOSE
Example: Vendors	Example: Daily	Example: To discuss problems with service and coordinate payment of account.
<input type="checkbox"/> Section Co-workers	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Other employees in agency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Other local, state, and federal employees (please explain)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Local, state, and federal officials (please explain)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Patients, residents or offenders	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Public	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<input type="checkbox"/> Others (please explain)	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

WORK ENVIRONMENT/PHYSICAL EFFORT

What percentage of your overall work time is spent in the following: (must total 100%)

LOCATION	% OF WORK TIME
<input type="checkbox"/> Office	
<input type="checkbox"/> Laboratory	
<input type="checkbox"/> Outdoors	
<input type="checkbox"/> Hospital and/or clinical setting	
<input type="checkbox"/> Vehicle (specify) <i>Example: patrol car</i>	

Are you required to wear protective clothing or gear to perform any of your duties? If yes, please specify in the chart below.

CLOTHING	PURPOSE	WHICH OF YOUR DUTIES REQUIRE THIS?
<i>Example: safety goggles</i>	<i>Example: protect eyes</i>	<i>Example: operating gas powered weed trimmer</i>

Please state any hazards or unfavorable conditions in your work environment.

CONDITION	FREQUENCY OF EXPOSURE
<i>Example: exposure to hazardous materials or extreme weather conditions.</i>	

Please list any special regulations or precautions, if applicable, which must be observed in performing routine duties.

SPECIAL REGULATIONS OR PRECAUTIONS
<i>Example: Laboratory safety standards</i>

Indicate the **duties**, which require greater than normal:

ITEM	DUTY REQUIRED
<input type="checkbox"/> Vision	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Color Perception	
<input type="checkbox"/> Physical Strength	
<input type="checkbox"/> Manual Dexterity	
<input type="checkbox"/> Stamina	

What percentage of time do you spend doing the following while performing your duties? (Must total 100%)

ITEM	% OF TIME
Sitting and/or walking at will	
Sitting in a restrictive position	
Standing	
Crouching or stooping	
Kneeling or stooping	
Climbing and/or balancing	
Lifting or carrying	

If you are required to perform lifting, please check the approximate weight of the objects you most frequently lift.

- ☐ Up to 10 lbs. occasionally
- ☐ Up to 20 lbs. occasionally and/or up to 10 lbs frequently
- ☐ 20 - 50 lbs. occasionally and/or 10 - 25 lbs frequently, and/or up to 10 lbs constantly
- ☐ 50 - 100 lbs occasionally and/or 25 - 50 lbs frequently, and/or 10 - 20 lbs constantly
- ☐ In excess of 100 lbs. occasionally and/or in excess of 50 lbs frequently, and/or in excess of 20 lbs constantly

CERTIFICATION

I certify that the responses to all questions are complete and accurate to the best of my knowledge.

(Signature of Incumbent)

(Date)

SUPERVISOR COMMENTS

SUPERVISOR'S SIGNATURE

I have read the content of this questionnaire. I am aware that I am responsible for the accuracy and content provided in this document. Any additions or modifications made by me were discussed with the incumbent and are listed in the comments sections above.

(Signature of Supervisor)

(Date)